

D Voice Muscle Tension Dysphonia Mtd

Record ID

1. Gold Standard Diagnosis

Does the patient have MTD as determined by qualitative expert team evaluations? (Select all that apply)

- ☐ Laryngologist
☐ Speech-Language Pathology

Did the patient have any of the following assessments? (Select all that apply)

- ☐ Detailed case history
☐ Aural-perceptual evaluation
☐ Flexible/Rigid laryngoscopy
☐ Voice/speech evaluation

2. Disease Subtype

- ☐ Primary MTD - neck muscles are tense with no abnormality in the larynx
☐ Secondary MTD - abnormality in larynx causes the patient to overuse other muscles involved in voice production

3. Etiology

What is the etiology? (Select all that apply)

- ☐ Psychological and/or personality factors
☐ Environmental irritants
☐ Vocal misuse and abuse
☐ Compensation for underlying disease
☐ Other

Please specify

4. Disease Severity

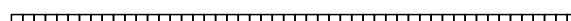
Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent
MI = Mildly Deviant
MO = Moderately Deviant
SE = Severely Deviant

Overall Severity

MI MO SE



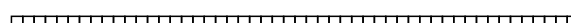
(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

Roughness

MI MO SE



(Place a mark on the scale above)

| | |
|--|---|
| Roughness | <input type="radio"/> Consistent <input type="radio"/> Intermittent |
| Breathiness | MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div> |
| Breathiness | <input type="radio"/> Consistent <input type="radio"/> Intermittent |
| Strain | MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div> |
| Strain | <input type="radio"/> Consistent <input type="radio"/> Intermittent |
| Pitch | MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div> |
| Pitch (Indicate the nature of the abnormality): | <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> |
| Pitch | <input type="radio"/> Consistent <input type="radio"/> Intermittent |
| Loudness | MI MO SE <div style="text-align: center;"><div style="border-bottom: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div> |
| Loudness (Indicate the nature of the abnormality): | <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> |
| Pitch | <input type="radio"/> Consistent <input type="radio"/> Intermittent |
| Comments about resonance | <input type="radio"/> Normal <input type="radio"/> Other |
| Please specify | <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> |
| Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms): | <div style="border-bottom: 1px solid black; width: 100%; height: 1.2em;"></div> |

5. Treatment obtained

Has the patient undergone any treatment for their condition?

- ☐ Yes
☐ No

Select all that apply:

- ☐ Vocal hygiene and patient education
☐ Voice/speech therapy
☐ Circumlaryngeal manual therapy
☐ Surgery for secondary organic lesions
☐ Other medical treatment

Please specify